School-Related Student Trip Form

This form is to be used when students take any trip off campus for school purposes.

School: Early Childhood Center Grade(s): _____ Class/Activity Group/Team: _____

Teacher/Sponsor/Coach: _____ Cell Phone Number: _____

Destination Venue, Location and State: _____

Trip Location Contact Person: _____ Phone Number: _____

Teachers: _____ # Students: _____ # Chaperones: _____ Adult/Student Ratio:_____

Date(s) & Times	Cost	Transportation
Departure Date: _____ Time: _____ ☐ AM ☐ PM Return Date: _____ Time: _____ ☐ AM ☐ PM	Total Cost: $ _____ Funding Source:_____ _____ **Fee to be assessed to students:** **$**_____	☐ District Bus/Van ☐ Charter Bus: _____ Approved Bid – Company Name ☐Other:_____ *Attach a copy of Charter Bus Contract.*

Meals	At school prior to departure ☐ Student Packed ☐ School Cafeteria Packed ☐	Location where packed lunches will be consumed: _____
	Student Purchase Restaurant ☐ (Name and location of each stop)	Name & Location: Name & Location:
Over Night	Date:	Lodging**:**
	Date:	Lodging**:**

Trip Purpose and Core Content/learning targets: _____

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned.

Name of trained administrator(s) of routine and emergency medications: _____

School Nurse Initials: _____ for verification that medications administrator listed above received training.

Due Date: _____ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. **(Teacher/Sponsor/Coach must initial below)**

_____ I have attached an anticipated Trip Itinerary

_____ I have evaluated the trip site for potential hazards/special requirements

_____ I have determined if the destination has an event-specific emergency action plan for the trip site. If so, I have distributed it to all personnel attending the event in an official capacity.

_____ Funds have been secured for indigent students

_____ If needed, background checks for chaperone approval have been initiated

_____ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending): _____

Teacher/Sponsor/Coach Signature: _____ Date: _____

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EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP) FOR SCHOOL SANCTIONED NON ATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue: _____

Venue Address: _____

Person or email contacted at venue to discuss EAP: _____

Position/Title of person contacted: _____

Date(s) of contact: _____

Is there an Automatic External Defibrillator (AED) on site? ○ YES ○ NO

If yes, where is it located?_____

Does venue have an emergency response team (ERT)? ○ YES ○ NO

Process to request AED and/or ERT if needed at the scene: _____

_____

Will a portable AED be taken from school on this trip? ○ YES ○ NO

If yes, who will be responsible for oversight and location of AED? _____

Is any other assigned emergency equipment available on field trip? ○ YES ○ NO

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs;
- If possible, how to gain access;
- Steps that must be taken quickly to initiate the chain of survival;
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing);
  - Call 911 using cell phone or other means of communication;
  - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute);
  - Retrieve and use the nearest AED;
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

REQUIRED APPROVAL SIGNATURES

Principal: _____Date: _____

All out-of-state field trip forms requiring Board approval must be completed and submitted to the Superintendent/designee ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.

Superintendent/Designee: _____ Meeting Date: _____

School-Related Student Trip Forms
Parent Permission Form

Student: _____ Trip Destination/Location: _____

School: HC High School Class/Activity/Team: _____

Teacher/Coach/Sponsor: _____

Times	Cost	Transportation
Departure Date:_____ Time: _____ ☐AM ☐PM Return Date: _____ Time _____ ☐AM ☐PM	Student Fee: $_____ Adult Fee: $_____ Due Date: _____	District Bus/Van ☐ Charter Bus ☐ Other ☐_____

Meals	At school prior to departure ☐ Student Packed ☐ School Cafeteria Packed ☐	
	Student Purchase Restaurant ☐ (Name and location of each stop)	Name & Location: Name & Location:
Over Night	Date:	Lodging**:**
	Date:	Lodging**:**

My Child, _____has permission to participate in this school trip.

All District and school policies shall be followed on this trip including: chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be canceled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause._____ (Parent/guardian Initials)

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. In order to avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Priority Contact Name: _____ Phone No.: _____

Secondary Contact Name: _____ Phone No.: _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL medications require HCPS paperwork. Check with your school nurse to ensure paperwork is on file or to obtain required forms.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip ____)

Review/Revised:8/21/2023